When this form is completely filled out use Preventive Medicine Services Code: 99382—New Patient (ages 1-4 years) 99392—Fstablished patient (ages 1-4 yrs)

99382—New Patient (ages 1-4 years) 99392—Established patient (ages 1-4 yrs)		
3 Y EPSDT Screening Date	2 0 0 Member ID#	
Three Year Visit		
Name	Birth Date	Historian
Age Allergies	Medicat	cions
Weightlbs Length	inches BP	T R O
Nutrition Lowfat milk, cup only yes no Appetite: good variable picky fruits veggies meats bread Water: city well spring bottled WIC: Yes No History Update Are there any changes in your family history? No Yes Has the patient had any new problems or illnesses since the last visit? No Yes FH heart disease < 55 No Yes FH ↑ cholesterol No Yes	Physical Exam General Head Neck Eyes Red reflex Alignment Ears Nose Throat/Mouth/Teeth Lungs Heart Abdomen Femoral Pulses Genitalia Female Male Testes Extremities Gait Spine Skin	Yes No) = nl X = abnl
Hearing/Speech Hears well? yes no Talks well? yes no Easy to understand? yes no Vision: Sees small objects yes no Developmental Screen* normal abnormal Lead Risk Factors* yes no TB Risk Factors* yes no IPPD result Lab Tests Hgb Lead level (Hgb required at 9 mos. Test only if not done previously or if abnl. Omit lead level if normal at 24 months& low risk) Cholesterol *see separate form	Safety Car safety seat, back seat safest Smoke detectors, no smoking in home Syrup of Ipecac, Poison Control # Water safety, supervise bath Firearm safety Outdoor safety, supervision Sunburn prevention Health/Nutrition Low fat milk from cup Limit juice, milk intake Picky appetites, self feeding Low fat foods and healthy snacks Brush teeth, see dentist Social/Behavioral Discipline, time out Praise good behavior TV limits, read to child Toilet training Self help skills Curiosity about sex Family Friends and playmates Day care, pre-school	